

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL082026	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED C 07/28/2015
NAME OF PROVIDER OR SUPPLIER CEDAR SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 670 CEDAR LAKE LANE CLINTON, NC 28328		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	Initial Comments Report by Rick Benton DHSR Construction Section conducted a Complaint Survey on July 28, 2015 from 2:30pm to 4:00pm at the above referenced facility. DHSR records indicate the home was first licensed on 02/12/2015 as a Family Care Home for six (6) ambulatory Clients (able to evacuate and respond without any physical or verbal assistance during a fire or other emergency). Based on this we are requiring the home to be in compliance with the following: the 2005 Rules 10A NCAC 13G for Family Care Homes, and the 2012 Edition of the North Carolina State Building Code - Section 425.2 - Residential Care Homes. At the time of our visit, we cited deficiencies that require an acceptable plan of correction. They are as follows:	C 000	<p>CONSTRUCTION SECTION</p> <p>AUG 24 2015</p> <p>RECEIVED</p>	
C 105	Initial Licensure-Meet NCSBC SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION (a) Any building licensed for the first time as a family care home shall meet the applicable requirements of the North Carolina State Building Code. All new construction, additions and renovations to existing buildings shall meet the requirements of the North Carolina State Building Code for One and Two Family Dwellings and Residential Care Facilities if applicable. All applicable volumes of The North Carolina State Building Code, which is incorporated by reference, including all subsequent amendments, may be purchased from the Department of Insurance Engineering Division located at 322 Chapanoke Road, Suite 200, Raleigh, North	C 105		

PLEASE SIGN & RETURN

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

[Signature] Admin 8/19/15

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C 105	<p>Continued From page 1</p> <p>Carolina 27603 at a cost of three hundred eighty dollars (\$380.00).</p> <p>(b) Each home shall be planned, constructed, equipped and maintained to provide the services offered in the home.</p> <p>This Rule is not met as evidenced by:</p> <p>1) The complaint was substantiated. DHSR-Construction Section arrived at the home and introduced ourselves to the licensee and informed them of our purpose for being at the home. At the time of the survey, it was observed that two residents were residing in the home. Resident A was standing with the licensee during our introduction until she was redirected to the family room. Resident B was in a recliner with her leg propped up due to swelling in her leg. In our conversation with the licensee, we were informed that Resident B had a blood clot or DVT in her leg, which was swollen and rendered her immobile. Resident A was physically mobile, but her cognitive recognition was in question. DHSR-Construction Section's assessment of Resident A was that she would follow the licensee or the staff person to every location they would proceed to unless she was redirected to remain in a certain location. This resident had no mobility issues and appeared to understand what was being asked of her. She could speak a few words and she appeared to understand what someone was saying, but unless it was the licensee or a staff person she would not respond to any questions. Resident B was able to respond and to have no cognitive issues, but she was physically unable to get out of the recliner unless she had assistance from someone. DHSR-Construction Section asked the licensee and the staff to remove themselves from the room so we could conduct a fire drill to review the</p>	C 105	<p>Facility has Agreed to construct an additional Ramp to Allow for residents that may become non-ambulatory even if temporary. Handicap ramp scheduled to be completed by 9/8/15.</p> <p>Reviews of resident's status will be done Quarterly by administrator + RN.</p> <p>Staff will be Aware of all resident Assessments for emergency plans. Admin. will ensure this.</p> <p>Fire watch staffed & additional param until ramp completed.</p>	

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

CEDAR SENIOR LIVING

**670 CEDAR LAKE LANE
CLINTON, NC 28328**

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C 105	<p>Continued From page 2</p> <p>residents' awareness and evacuation capabilities. DHSR-Construction Section then performed a fire drill. During the first fire drill we asked the staff to assist Resident B to her wheelchair. She was able to get in her wheelchair with staff assistance and appeared to know the correct exit. Resident A was in her bedroom. DHSR-Construction asked Resident A if she recognized the alarm. She motioned that she did, but DHSR-Construction had to prompt her to evacuate. She proceeded as far as the family room and then sat down to wait for Resident B to leave the home. A second attempt at the fire drill was conducted and we asked that Resident B remain in her recliner because of her medical condition. Again, Resident A did not evacuate the home even when prompted by staff to follow her out of the home. Resident A went as far as the porch door but did not go outside. On the third and final attempt at the fire drill, the staff again tried to get Resident A to follow her out of the home, but she was at the kitchen counter eating a banana and paid no attention to the staff or the alarm and did not exit the home. It is the opinion of DHSR-Construction Section that both residents are non-ambulatory.</p> <p>08/06/2015-RB- We received your email requesting to lower your capacity down to three. Therefore we are recommending to Adult Care Licensure that your maximum capacity be decreased to three, also based on the condition of your current residents, all three will be classified as being non-ambulatory (unable to evacuate or respond without verbal or physical assistance). Since the home will be serving non-ambulatory residents you will now be required to provide a second ramp as required by Licensure Rule 10A NCAC 13G .0312 (c) which states if the home has any resident that must</p>	C 105		

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C 105	<p>Continued From page 3</p> <p>have physical assistance with evacuation, the home shall have two outside entrances/exits at grade level or accessible by a ramp.</p> <p>Your facility currently has one ramp located at the rear of the facility. You have two other exits to choose from as to where to provide the second ramp. Care should be given to have the two exits as far from each other as possible to minimize the possibility that both may be blocked by a fire or other emergency condition. The construction of the ramp may require permits to be pulled from your local building official. You will need to provide copies of all permits and approvals to our office.</p> <p>08/10/2015-RB- Based on the requirement for the additional ramp, we will allow until September 8, 2015 to construct the additional ramp. Since the home will be serving non-ambulatory residents while these modifications are being conducted we will be placing you under a fire watch to ensure resident safety is maintained. This extension is contingent to the fact that additional staff will be available day and night to assist with the prompt evacuation of the residents in the event of a fire or other emergency event, this fire watch will stay in effect until the ramp is constructed and operational. Guidelines for the fire watch will be sent under separate cover. Once completed forward to our office copies of the completed fire watch logs.</p>	C 105		